



Attorney Docket No. 1186.1015/JDH

First Named Inventor or Application Identifier:

Kenzo FUKUYOSHI, et al.

Express Mail Label No.

## **APPLICATION ELEMENTS**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

See MPEP chapter 600 concerning utility patent application contents.

**Assistant Commissioner for Patents** ADDRESS TO:

**Box Patent Application** Washington, DC 20231

| 1. [X]                                              | Fee Transmittal Form                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| 2. <b>[X</b> ]                                      | Specification, Claims & Abstract [Total Pages: 33]                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |
| 3. [ <b>X</b> ]                                     | Drawing(s) (35 USC 113) [Total Sheets: 3]                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |  |  |  |  |
| 4. [X]                                              | Oath or Declaration                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |
| 5. []                                               | Applicant claims small entity status.                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |  |
| 6. []                                               | Incorporation by Reference (usable if Box 4b is checked)  The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under  Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.                                                                                                                               |  |  |  |  |  |  |  |  |
| 7. []                                               | Microfiche Computer Program (Appendix)                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |  |
| 8. []                                               | Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. [] Computer Readable Copy b. [] Paper Copy (identical to computer copy) c. [] Statement verifying identity of above copies                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |
| ACCOMPANYING APPLICATION PARTS                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |  |
|                                                     | ACCOMPANYING APPLICATION PARTS                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |  |  |  |
| 9. [X]                                              | ACCOMPANYING APPLICATION PARTS  Assignment Papers (cover sheet & document(s))                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |
| 9. [X]<br>10. [ ]                                   | Assignment Papers (cover sheet & document(s))                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |
|                                                     | Assignment Papers (cover sheet & document(s))  37 CFR 3.73(b) Statement (when there is an assignee) [ ] Power of Attorney                                                                                                                                                                                                                                                                                                                      |  |  |  |  |  |  |  |  |
| 10. []<br>11. []                                    | Assignment Papers (cover sheet & document(s))  37 CFR 3.73(b) Statement (when there is an assignee) [ ] Power of Attorney                                                                                                                                                                                                                                                                                                                      |  |  |  |  |  |  |  |  |
| 10. []<br>11. []                                    | Assignment Papers (cover sheet & document(s))  37 CFR 3.73(b) Statement (when there is an assignee) [ ] Power of Attorney  English Translation Document (if applicable)  Information Disclosure Statement (IDS)/PTO-1449[5 ] Copies of IDS Citations and Attachment 1(e)                                                                                                                                                                       |  |  |  |  |  |  |  |  |
| 10. [] 11. [] 12. [X] 13. []                        | Assignment Papers (cover sheet & document(s))  37 CFR 3.73(b) Statement (when there is an assignee) [ ] Power of Attorney  English Translation Document (if applicable)  Information Disclosure Statement (IDS)/PTO-1449[5] Copies of IDS Citations and Attachment 1(e)                                                                                                                                                                        |  |  |  |  |  |  |  |  |
| 10. [] 11. [] 12. [X] 13. [] 14. [X]                | Assignment Papers (cover sheet & document(s))  37 CFR 3.73(b) Statement (when there is an assignee) [ ] Power of Attorney  English Translation Document (if applicable)  Information Disclosure Statement (IDS)/PTO-1449[5 ] Copies of IDS Citations and Attachment 1(e)  Preliminary Amendment                                                                                                                                                |  |  |  |  |  |  |  |  |
| 10. [] 11. [] 12. [X] 13. [] 14. [X]                | Assignment Papers (cover sheet & document(s))  37 CFR 3.73(b) Statement (when there is an assignee) [ ] Power of Attorney  English Translation Document (if applicable)  Information Disclosure Statement (IDS)/PTO-1449[5 ] Copies of IDS Citations and Attachment 1(e)  Preliminary Amendment  Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  Certified Copy of Priority Document(s) (if foreign priority is claimed) |  |  |  |  |  |  |  |  |
| 10. [] 11. [] 12. [X] 13. [] 14. [X] 15. [X] 16. [] | Assignment Papers (cover sheet & document(s))  37 CFR 3.73(b) Statement (when there is an assignee) [ ] Power of Attorney  English Translation Document (if applicable)  Information Disclosure Statement (IDS)/PTO-1449[5 ] Copies of IDS Citations and Attachment 1(e)  Preliminary Amendment  Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  Certified Copy of Priority Document(s) (if foreign priority is claimed) |  |  |  |  |  |  |  |  |



21171 PATENT TRADEMARK OFFICE

Staas & Halsey LLP

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------|-------------------------------|---------------|---------------------------------|--------------------|-------------------------|------------------|--|--|
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NEW APPLICATION FEE TRANSMITTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                    |                               |               | Application Number              |                    | To be assigned          |                  |  |  |
| !                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                    |                               |               | Filing Date                     |                    | January 24, 2001        |                  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | AMOUNT E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | AMOUNT ENCLOSED \$750.00 |                                                                    |                               |               | First Named Inventor            |                    | Kenzo FUKUYOSHI, et al. |                  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FEE CALCULATION (fees effective 10/01/00)                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                                                                    |                               |               |                                 |                    |                         |                  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CLAIMS (1) FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          | (1) FOR                                                            | (2) NUMBER FILED              |               | (3) NUMBER EXT                  | RA (4)             | RATE                    | (5) CALCULATIONS |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TOTAL C                  | TOTAL CLAIMS                                                       |                               | - <u>20</u> = | 0                               | X \$ 18            | .00 =                   | \$ 0.00          |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | INDEPEN                  | INDEPENDENT CLAIMS 3                                               |                               | _ 3 =         | 0                               | X \$ 80            | = 00.                   | 0.00             |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MULTIPI                  | MULTIPLE DEPENDENT CLAIMS (any number; if applicable) + \$270.00 = |                               |               |                                 |                    |                         |                  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                    |                               |               | BASIC FILING FEE                |                    |                         | 710.00           |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                    | Total of above Calculations = |               |                                 | ations =           | \$ 710.00               |                  |  |  |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Surcharge for late filing fee, Statement or F                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                    |                               | t or Power    | or Power of Attorney (\$130.00) |                    |                         | +                |  |  |
| . F.3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Reduction by 50% for filing by small entity (37 CFR 1.9, 1.27 & 1.28).                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                                    |                               | 28).          |                                 |                    |                         |                  |  |  |
| was of the test of |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                    |                               |               | TOTAL                           | TOTAL FILING FEE = |                         | \$ 710.00        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Surcharge for filing non-English language application (\$130.00; 37 CFR 1.52(d))                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                                                    |                               |               |                                 | +                  |                         |                  |  |  |
| 20 King                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Recordation of Assignment (\$40.00; 37 CFR 1.21(h)(1))                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                                    |                               |               |                                 |                    | 40.00                   |                  |  |  |
| cigron<br>cigron                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          | · <u> </u>                                                         | TOTAL FEES DUE =              |               |                                 | OUE =              | \$ 750.00               |                  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                    |                               |               |                                 |                    |                         |                  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | [X] Check enclosed as payment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                                                    |                               |               |                                 |                    |                         |                  |  |  |
| And the great                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | [ ] Charge "TOTAL FEES DUE" to the Deposit Account No., below.                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                                                    |                               |               |                                 |                    |                         |                  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | [ ] No payment is enclosed and no charges to the Deposit Account are authorized at this time.                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                    |                               |               |                                 |                    |                         |                  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | GENERAL AUTHORIZATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                                    |                               |               |                                 |                    |                         |                  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | [X] If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized overpayment or charge any additional fees necessary to:                                                                                                                                                                                                                                                                                                                                              |                          |                                                                    |                               |               |                                 |                    | d to credit any         |                  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Deposit Account No. 19-3935                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                                                    |                               |               |                                 |                    |                         |                  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Deposit Account Name STAAS & HALSEY LLP                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                                                    |                               |               |                                 |                    |                         |                  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | [X] The Commissioner is also authorized to credit any overpayments or charge any additional fees required under 37 CFR 1.16 (filing fees) or 37 CFR 1.17 (processing fees) during the prosecution of this application, including any related application(s) claiming benefit hereof pursuant to 35 USC § 120 (e.g., continuations/divisionals/CIPs under 37 CFR 1.53(b) and/or continuations/divisionals/CPAs under 37 CFR 1.53(d)) to maintain pendency hereof or of any such related application. |                          |                                                                    |                               |               |                                 |                    |                         |                  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SUBMITTED BY: STAAS & HALSEY LLP                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                                                    |                               |               |                                 |                    |                         |                  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Typed Name James D. Halsey, Jr.                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                    |                               | ·- <u>.</u>   |                                 | Reg. No.           | 22,72                   | 29               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Signature © 2000 Staas & Halsey                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                    |                               |               |                                 | Date               | Janua                   | ary 24, 2001     |  |  |